

2857

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH		Arizona State Board of Health		BUREAU OF VITAL STATISTICS		STATE FILE NO. <u>440</u>	
1. PLACE OF DEATH				COUNTY <u>Yuma</u> STATE <u>ARIZONA</u>		REGISTERED NO. <u>154</u>	
TOWNSHIP _____ OR VILLAGE _____				CITY <u>Yuma</u> NO. <u>Yuma General Hospital</u>		WARD _____	
(IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE ITS NAME INSTEAD OF STREET AND NUMBER)							
LENGTH OF RESIDENCE IN CITY OR TOWN WHERE DEATH OCCURRED YRS. _____ MOS. _____ DS. _____				HOW LONG IN U. S. IF OF FOREIGN BIRTH? YRS. _____ MOS. _____ DS. _____			
2. FULL NAME <u>Bernardina Fernandez</u>				HOW LONG IN STATE WHEN DEATH OCCURRED? YRS. _____ MOS. _____ DS. _____			
(A) RESIDENCE: NO. <u>6th & Cemetery Ave</u> ST. _____				(IF NO RESIDENT GIVE CITY OR TOWN AND STATE)			
(USUAL PLACE OF ABODE)							
PERSONAL AND STATISTICAL PARTICULARS				MEDICAL CERTIFICATE OF DEATH			
3. SEX <u>female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED, (WRITE THE WORD) <u>married</u>		21. DATE OF DEATH <u>August 1 1936</u>		19 _____	
5A. IF MARRIED, WIDOWED, OR DIVORCED				22. (IF DEATH OCCURRED IN HOSPITAL OR INSTITUTION, GIVE NAME OF PHYSICIAN WHO ATTENDED DECEASED) <u>Dr. J. H. ...</u>			
HUSBAND OF <u>Ysidro Fernandez</u>				I LAST SAW <u>her</u> ALIVE ON <u>Aug 1 1936</u> DEATH IS SAID TO HAVE OCCURRED ON THE DATE STATED ABOVE, AT _____ M.			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 20 1904</u>				THE PRINCIPAL CAUSE OF DEATH AND RELATED CAUSES OF IMPORTANCE WERE AS FOLLOWS: <u>Pneumonia</u>			
7. AGE YEARS <u>32</u>	MONTHS <u>2</u>	DAYS <u>II</u>	IF LESS THAN 1 DAY, HRS. _____ OR MIN. _____				
8. TRADE, PROFESSION, OR PARTICULAR KIND OF WORK DONE, AS SPINNER, SAWYER, BOOKKEEPER, ETC. <u>Hwf.</u>							
9. INDUSTRY OR BUSINESS IN WHICH WORK WAS DONE, AS SILK MILL, SAW MILL, BANK, ETC. _____							
10. DATE DECEASED LAST WORKED AT THIS OCCUPATION (MONTH AND YEAR) _____				11. TOTAL TIME (YEARS) SPENT IN THIS OCCUPATION _____			
12. BIRTHPLACE (CITY OR TOWN) <u>Picacho</u> (STATE OR COUNTY) <u>California</u>				OTHER CONTRIBUTORY CAUSES OF IMPORTANCE: <u>Chronic Bronchitis</u>			
13. NAME <u>Jesus Martinez</u>				NAME OF OPERATION <u>none</u> DATE OF _____			
14. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY) _____				WHAT TEST CONFIRMED DIAGNOSIS? <u>usual</u> WAS THERE AN AUTOPSY? <u>no</u>			
15. MAIDEN NAME <u>Teresa Salazar</u>				23. IF DEATH WAS DUE TO EXTERNAL CAUSES (VIOLENCE) FILL IN ALSO THE FOLLOWING: ACCIDENT, SUICIDE, OR HOMICIDE? _____ DATE OF INJURY _____, 19 _____			
16. BIRTHPLACE (CITY OR TOWN) <u>Mexico</u> (STATE OR COUNTY) _____				WHERE DID INJURY OCCUR? _____ (SPECIFY CITY OR TOWN, COUNTY AND STATE)			
17. INFORMANT <u>Ysidro Fernandez</u> (ADDRESS) <u>Yuma Arizona</u>				SPECIFY WHETHER INJURY OCCURRED IN INDUSTRY, IN HOME, OR IN PUBLIC PLACE _____			
18. BURIAL PLACE <u>Yuma Cemetery</u> DATE <u>8/3/36</u>				MANNER OF INJURY _____			
19. EMBALMER <u>The Johnson Mortuary</u> (ADDRESS) <u>Yuma Arizona</u>				NATURE OF INJURY _____			
20. FILED <u>Aug 3 1936</u> <u>Mary A. Hufferman</u> REGISTRAR				WAS DISEASE OR INJURY IN ANY WAY RELATED TO OCCUPATION OF DECEASED? <u>no</u>			
				IF SO, SPECIFY _____ (SIGNED) <u>W. Kimball</u> M. D.			
				(ADDRESS) <u>Yuma Aug</u>			